

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

DEC 13 1937

39462
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **Saint Louis, Missouri.** (d) Street No. **3454 Winnebago Street.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dora Hessel.

(a) Residence, No. **3454 Winnebago Street.** St. **16**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred Hessel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 17th, 1864.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 73 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-Work**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

13. NAME **Christ Zacher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Frances Rick**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Oliver Hessel**
(ADDRESS) **5051 Idaho Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New St. Marcus Cem.** DATE **November 12, 37**

19. FUNERAL DIRECTOR **Ziegenfuss Bros.**
(ADDRESS) **2623 Cherokee Street.**

20. FILE NO. **NOV 10 1937** **J. T. Brudeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 9th, 1937.**

22. I HEREBY CERTIFY, That I attended deceased from **August 2, 1937, to November 9, 1937.**
I last saw him alive on **November 9, 1937.** Death is said to have occurred on the date stated above, at **5:40 A.M.**
The principal cause of death and related causes of importance were as follows:

Coronary Embolism
Duration - 2 hours
93C
Date of onset

Other contributory causes of importance:
Acute Myocarditis, caused by chr. myocardial degeneration - 3 months

Name of operation _____ Date of _____
What test confirmed diagnosis? **Physical** Was there an autopsy? **Yes**
Chemical Analysis
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) **G. L. Hest** M. D.
(Address) **3606 Harrison Ave**

STATEMENT BY LICENSED EMBALMER

I, Judale A. Ziegenhein, Licensed Embalmer No. 2270
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Judale A. Ziegenhein
Licensed Embalmer No. 2270

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)